

Contract for Exhibit Space Application



2005 National Injury Prevention and Control Conference

Injury and Violence in America:
Meeting Challenges, Sharing Solutions

May 9-11, 2005
Adam's Mark Hotel
Denver, CO

Exhibitor Information:

(All confirmation letters, invoices, the service kit, and other information will be sent to the person designated below. All changes must be made in writing.)

Booth Coordinator Name (First Name, Last Name)

Date

Organization/Firm

Position/ Title

Address (1)

Address (2)

City

State/ Province

Postal Code

Country

E-mail

Daytime Telephone

Alternate Telephone

Fax

Names of Persons Exhibiting (2 per 10' x 10' Booth, 1 per Tabletop)

Exhibitor 1 _____ Exhibitor 2 _____

Booth Size (Please check the appropriate box):

Booth (10' x 10'): ☐ Nonprofit or Government (\$900) ☐ Private or Commercial Organization (\$1600)

Tabletop Booth (6'): ☐ Nonprofit or Government (\$550) ☐ Private or Commercial Organization (\$850)

Booth Preference:

Booth preference #1 _____ Booth preference #2 _____

PLEASE TEAR HERE

Exhibitor Prospectus

Payment Information

Check Number

(Please make check payable to State & Territorial Injury Prevention Directors Association or STIPDA)

Purchase Order Number

Card Number

Expiration Date

Name on Card

Billing Street Address

City

State/ Province

Postal Code

Total Amount Due: \$ _____

I confirm that I have read and am fully aware of the cancellation conditions stipulated in the Exhibitor Prospectus and on this form. I hereby authorize the State & Territorial Injury Prevention Directors Association (STIPDA) to debit this credit card account for the total due. I also consent to the State & Territorial Injury Prevention Directors Association debiting or crediting my credit card account with the full amount of any subsequent change(s) to the items booked. I understand payment must be received for exhibition space to be confirmed. Please note charges will appear on credit card as State & Territorial Injury Prevention Directors Association or STIPDA.

Cardholder's Signature: _____

Exhibitor Directory

Please provide a 50-word or less description of your product/service to be included in the Exhibitor Directory.

Topic: _____

Description: _____

Materials: _____

Please mail the completed form and exhibit fee or fax both sides of the completed form, including credit card information, to:

Dagny Putman

2005 Conference Exhibit Committee Chairperson

4770 Buford Highway, NE

Mailstop K-65

Atlanta, GA 30341

Phone: 770-488-1229

Fax: 770-488-1667